



**Office of Group Benefits**  
**P. O. Box 44036 Baton Rouge, LA 70804**  
**Local: 225-922-0218 or Toll Free: 800-215-1093**

**LaCHIP Affordable Plan**  
**Contracted Benefits January 1, 2012 to December 31, 2012**

Verification of eligibility and/or benefits is not a guarantee of coverage

<b>Plan Year Deductibles</b>							
LaCHIP members:	\$0.00 per plan year						
<b>Other Deductibles</b>							
Emergency Room:	\$150.00 (waived if admitted through the ER)						
Inpatient Hospital:	\$0.00						
<b>Stop Loss Maximum</b>							
For ELIGIBLE expenses per person:	\$10,000 per plan year						
<b>Member Lifetime Maximum</b>							
Effective July 1, 2011 no maximum dollar limit applies.							
<b>Payable Percentages</b>							
<b>Not to exceed OGB fee schedule;</b>							
<b>Only for ELIGIBLE expenses to \$10,000 per person, per plan year.</b>							
Level 0 – Any provider	100%						
Level 1 – Network Provider:	90%						
Level 1 – Non-Network Provider:	70%						
Eligible expenses in excess of \$10,000 per person, per plan year:	100%						
Federally Qualified Health Center or Rural Health Clinic:							
Medicaid Encounter Rate							
<b>There may be a significant out-of-pocket expense to Level 1 participants when using a non-participating provider.</b>							
<b>Immunizations</b>							
Level 0 – Any provider	100%						
Level 1 – Network Provider	100%						
Level 1 – Non-Network Provider	70%						
<b>Human Papillomavirus (HPV) Vaccine</b>							
Age	Eligible Services (CPT)						
Age 9 until age 19	90649						
<b>Other Eligible Immunization Services (CPT/HCPCS)</b>							
90470	90476	90477	90632	90633	90634	90636	90645
90646	90647	90648	90650	90655	90656	90657	90658
90660	90662	90669	90670	90680	90681	90696	90698
90700	90701	90702	90703	90704	90705	90706	90707
90708	90710	90712	90713	90714	90715	90716	90718
90716	90720	90721	90723	90732	90733	90734	90740
90743	90744	90746	90747	90748	G9141		
<b>Ambulance Services</b>							
Air and Ground transportation covered only to and from hospital with facilities to treat medical illness or injury. Benefits for transportation, medical services and supplies will be determined in accordance with the PPO fee schedule.							
<b>Genetic Testing</b>							
Benefits will be allowed for procedures determined to be medically necessary for certain conditions.							
<b>Hearing Aids (under age 18)</b>							
Hearing aids billed by an audiologist or hearing aid specialist for a patient under the age of 18 will allow a \$1,400 benefit (subject to co-insurance) each 36 months per ear.							
<b>Autism (under age 17)</b>							
Benefits will be allowed for services with a primary diagnosis of autism for a patient age 0 up to 17 with no annual or lifetime maximum as of 7/1/2011.							
<b>Physician Assistants and Registered Nurse Practitioners</b>							
Providers will be reimbursed at 80% of the amounts payable for same services rendered by a physician. Services rendered by physician assistants and nurse practitioners must be billed with the appropriate modifiers.							
<b>Pre-Determinations</b>							
Pre-determination request may be faxed with supporting documentation to: (225) 925-6733.							

<b>Case Management (KePRO)</b>
<b>For Prior Authorizations 800-432-3432</b>
<b>For LaCHIP primary participants only</b>
<ul style="list-style-type: none"> <li>Not covered in nursing home setting.</li> <li>Eligible hospice services are payable at 80% of fee schedule.</li> <li>Services provided by home health such as private duty nursing, IV infusion, TPN, or Enteral nutrition.</li> <li>Physical &amp; occupational therapies in a home setting require case management for those services in excess of the 50 visit maximum.</li> </ul>
<b>LaCHIP Affordable Helpful Information</b>
<ul style="list-style-type: none"> <li>LaCHIP's Plan Document can be downloaded from <a href="http://www.groupbenefits.org">www.groupbenefits.org</a> for your reference.</li> <li>Claims are subject to LaCHIP's fee schedules and maximum allowables.</li> <li>Terms of the LaCHIP Plan Document are applied to the claim when processed.</li> <li>Coverage must be in force at the time services are rendered.</li> <li>Plan year limits for speech therapy is 26 visits; physical/occupational therapy is 50 visits. Benefits are subject to medical necessity review.</li> <li>Bone density studies and pre-operative exams are only eligible when billed with a primary (non-routine) diagnosis.</li> <li>Remember to request a copy of the LaCHIP member's ID card upon each visit. The LaCHIP member must furnish the Social Security number of the name listed on the ID card.</li> </ul>
<b>Outpatient Procedure Certification (OPC) KePRO</b>
<b>For Prior Authorizations 800-432-3432</b>
<ul style="list-style-type: none"> <li>Speech therapy</li> <li>Treatment of swallowing dysfunction and/or oral function for feeding</li> <li>Hyperbaric oxygen therapy</li> <li>Physical &amp; occupational therapies in excess of the 50 visit maximum.</li> </ul>
<b>Mental Health/Substance Abuse (MHSA)</b>
<b>ValueOptions</b>
<b>866-492-7143</b>
<ul style="list-style-type: none"> <li>All inpatient mental health and substance abuse (MHSA) claims must be preauthorized by ValueOptions.</li> <li>ADD &amp; ADHD claims submitted with certain diagnosis codes may be considered for medical benefits.</li> <li>Pathology with a MHSA diagnosis is not covered by OGB and requires preauthorization by ValueOptions</li> </ul>
<b>Utilization Review Pre-Admission Certification (PAC)</b>
<b>Continued Stay Review (CSR)</b>
<b>KePRO: 800-432-3432      Clinical Fax: 866-889-6515</b>
<ul style="list-style-type: none"> <li>PAC must be obtained at least 72 hours before scheduled inpatient hospitalization.</li> <li>Outpatient or observation exceeding 23 hours must obtain PAC during the same business day (if available) or next business day.</li> <li>Emergency admissions must obtain PAC within 2 business days of admission.</li> <li>Routine vaginal delivery; PAC is required if the mother's stay exceeds or is expected to exceed 2 days.</li> <li>Caesarean section delivery; PAC is required if the mother's stay exceeds or is expected to exceed 4 days.</li> <li>No benefits will be paid for hospital charges incurred during any confinement for which PAC was requested, but was not certified as medically necessary by LaCHIP's utilization review contractor.</li> <li>No benefits will be paid for hospital charges incurred during any confinement for any days in excess of the number of days certified through PAC or CSR.</li> </ul>
<b>If PAC is NOT obtained, no benefits are payable and the LaCHIP member is not responsible for payment.</b>

**Confidentiality Notice:** The material included in this facsimile is intended solely for the use of the designated recipient. These materials may contain information that is confidential or privileged. Confidentiality and privilege are not lost by this facsimile having been sent to the wrong person. If you are not the designated recipient or the person responsible for delivering it to the designated recipient, please notify the sender immediately at the number given above and return the material to the sender by mail. Distribution, photocopying, or use of this communication by anyone other than the intended recipient is expressly prohibited.